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Corticosteroids are among the most powerful medications for reducing inflammation (pain, swelling, and redness). They are sometimes used to treat the inflammation caused by rheumatoid arthritis. They can also be used for breathing problems (including asthma, emphysema, and chronic bronchitis), allergies, and some skin conditions, liver problems, blood problems, and kidney problems.

The long-term side effects of corticosteroids may include:

- Acne
- Cataracts (clouding of the lens in the eye)
- Easy bruising ("black and blue" marks on the skin)
- Hair growth in unwanted places
- Muscle weakness
- Poor wound healing
- Thin skin
- Weight gain
- Worsening of glaucoma (an eye disease)
- Thinning bones from decreased bone density (osteoporosis)

When corticosteroids are used for a long period of time, bones may become thinner and more likely to break, a condition called osteoporosis. Corticosteroids can increase the loss of calcium from bones and slow down the formation of new bone tissue. This can lead to a more rapid rate of bone loss. Many people taking corticosteroids do not receive any treatment to help prevent this bone loss.

If you are taking corticosteroids for a long period of time, talk

Exhibit G

with your doctor or other healthcare professional about whether you are at increased risk for osteoporosis, and ask about calcium, vitamin D, and other medications you may take to help keep your bones strong.

Bisphosphonates are one type of medication that may be used to help prevent osteoporosis in people who take corticosteroids for long periods of time. In addition, bisphosphonates can reduce the risk of broken bones in some people who develop osteoporosis as a result of corticosteroid use.

In some people, corticosteroids can inhibit the production of the hormone estrogen in women and testosterone in men, and this may further increase the risk of bone loss. Hormone replacement therapy, using estrogen for postmenopausal women or testosterone for men with low testosterone levels, may help prevent bone loss in people using corticosteroids for a long period of time.

Bone mineral density testing is important for people who have to use corticosteroids for long periods of time. According to guidelines issued by the American College of Rheumatology, people who are going to be on corticosteroids for more than six months should have a bone mineral density test when they begin taking corticosteroids, with follow-up testing every 6-12 months thereafter. Bone mineral density testing may be reimbursed by Medicare and some private insurance plans. Check with your plan sponsor if you have any questions about your coverage.

If you have taken corticosteroids for a long period of time and your healthcare professional decides that you should stop taking them, he or she may want you to decrease them gradually, lowering the dose over a few weeks or months. Stopping suddenly may cause unpleasant withdrawal symptoms or may worsen your medical problems. Pay careful attention to the instructions your healthcare professional gives you about how much less to take and for how long.

References

American College of Rheumatology Ad Hoc Committee on Glucocorticoid-induced Osteoporosis. Recommendations for the prevention and treatment of glucocorticoid-induced osteoporosis. *Arthritis & Rheumatism*. 2001;44;1496-1503. Available at: <http://www.rheumatology.org/research/guidelines/osteo/osteoupdate.html>. Accessed August 1, 2001.

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The information on this site is not intended to take the place of your doctor or other healthcare professionals. It is a resource to help you make the best decisions and get the most from the medical services available to you. A licensed physician should be consulted for diagnosis and treatment of all medical conditions.